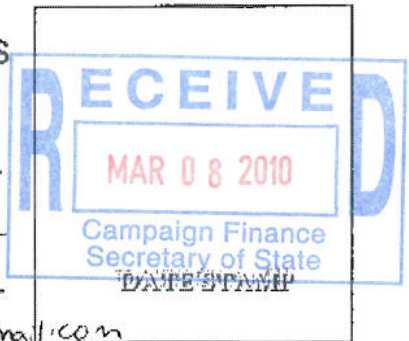


Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Committee Personhood Miss. ss: pp!
 Address 3095 Big Hill Rd. Pontotoc, ms. 38863
 Telephone 662-760-8695 Fax ---
 Treasurer Elizabeth Baggott Email personhoodmissssppc@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
 ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
 ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
 ____ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3300.00 + \$ 275.56	\$ 3575.56	\$ 11214.24
Total amount of disbursements	\$ 2734.66 + \$ 305.19	\$ 3039.79	\$ 12467.75
Total amount of cash on hand		\$ 790.32	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Elizabeth Baggott
Signature of Director or Treasurer

3/6/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 130, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Personhood Mississippi
 Reporting period Feb. 1, 2010 through Feb. 29, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Christopher R. Brown</u>	<u>2/3/10</u>	\$ <u>2,000.00</u>
Mailing Address <u>52160 Hwy 8 East</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Aberdeen, MS. 39130</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Self-Employed - Aberdeen RV</u>	<u>1/1/</u>	\$
Occupation (Required) <u>owner</u>	Aggregate year-to-date	\$ <u>2,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ed Halliday</u>	<u>2/2/10</u>	\$ <u>800.00</u>
Mailing Address <u>901 Garfield St.</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Tupelo, MS. 38801</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Self-Employed - Ed Halliday D.M.V., Inc.</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Dentist</u>	Aggregate year-to-date	\$ <u>2,000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brown C. Hairston, III</u>	<u>2/4/10</u>	\$ <u>500.00</u>
Mailing Address <u>4012 Hwy 80</u>	<u>1/1/</u>	\$
City, State, Zip Code <u>Pelahatchie, MS. 39145</u>	<u>1/1/</u>	\$
Name of Employer (Required) <u>Self-Employed - Hairston Forestry Consultants</u>	<u>1/1/</u>	\$
Occupation (Required) <u>Forestry Consultant</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>1/1/</u>	\$
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Name of Employer (Required)	<u>1/1/</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Personhood Mississippi
 Reporting period Feb. 1, 2010 through Feb. 28, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ms. Secretary of State</u>		
Mailing Address	<u>2/8/10</u>	\$ <u>500.00</u>
<u>P.O. Box 136</u>		
City, State, Zip Code	<u>1/1/</u>	\$
<u>Jackson, MS. 39205</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>2,600.00</u>
<u>Filing fee</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Washington Political Group</u>		
Mailing Address	<u>2/8/10</u>	\$ <u>2234.60</u>
<u>3630 Portland Trail Dr.</u>		
City, State, Zip Code	<u>1/1/</u>	\$
<u>Swansea, GA 30024</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>9000.34</u>
<u>Telemarketing communications</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/1/</u>	\$
City, State, Zip Code	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$